

<b>1200</b>	<b>PAYMENT FOR SERVICES</b>	<b>Page</b>
<a href="#"><u>1201</u></a>	Overview (RESERVED)	1200-1
<a href="#"><u>1202</u></a>	Payment Rates (RESERVED)	1200-1
<a href="#"><u>1203</u></a>	Claims Submission (RESERVED)	1200-1
<a href="#"><u>1204</u></a>	Third Party Liability	1200-1
<a href="#"><u>1204.1</u></a>	Overview	1200-1
<a href="#"><u>1204.2</u></a>	Support Coordinator Responsibilities	1200-1
<a href="#"><u>1204.3</u></a>	Other DES/DDD Staff Responsibilities	1200-2
<a href="#"><u>1205</u></a>	Fee Schedule (RESERVED)	1200-2
<a href="#"><u>1206</u></a>	Client Share of Cost (RESERVED)	1200-2
<a href="#"><u>1207</u></a>	Client Billing	1200-3

## **1200 PAYMENT FOR SERVICES**

### **1201 Overview (RESERVED)**

### **1202 Payment Rates (RESERVED)**

### **1203 Claim Submission (RESERVED)**

### **1204 Third Party Liability**

#### **1204.1 Overview**

Third party liability (TPL) is any funding source other than DES/DDD. It includes medical insurance, i.e., Medicare, Champus, Blue Cross/Blue Shield, etc. It also includes any benefits or settlements a person has as the result of an accident. It may also include eligibility for other programs such as Children's Rehabilitative Services (CRS), AHCCCS or county funded services.

DES/DDD is required to bill any third party for all covered services for all individuals eligible for services through DES/DDD. This section defines Support Coordinator and other DES/DDD staff responsibilities.

#### **1204.2 Support Coordinator Responsibilities**

At the initial intake interview and at each Individual Support Plan (ISP) review, the Support Coordinator must:

- a. explain to the individual/responsible person that DES/DDD is the payor of last resort and all other sources of benefits must be utilized first;
- b. request either a copy of the insurance card or the name of the insurance company, address and telephone number of the company, the policy holder, the policy number and group number and effective date of the insurance;
- c. request information on any accident settlements or benefits. The information should include the date of the

accident, type of accident and the amount of the settlement; and

- d. have the individual/responsible person sign form DD -393 (Appendix 1200.A) assigning benefits to DES/DDD.

The Support Coordinator must refer the individual/responsible person to any resources as outlined in Section 903 of this Manual.

If at ISP reviews any new information is obtained, the Support Coordinator must complete an ALTCS Member Change Report (Appendix 900.B) for ALTCS eligible individuals. A copy of the form must also be sent to the DES/DDD Benefits Coordinator. For individuals who are not ALTCS eligible, the Support Coordinator will send the information to the Benefits Coordinator via SYSM.

Once the above information has been obtained, the Support Coordinator must enter the information into ASSISTS. The primary screens in ASSISTS are Billing/Financial (CP160 - for insurance), Benefits/Evaluations (CP13 - for Social Security benefits), Significant Other (CP06 - for third party information)

#### 1204.3 Other DES/DDD Staff Responsibilities

Service Authorizers must provide all pertinent TPL information to providers by giving them a print screen of the insurance information contained in ASSISTS prior to the provision of any TPL covered services to the individual.

Bill Payers shall review all provider bills and insure Explanations of Benefits (EOB) are attached. If no EOB is attached, the Bill Payor will return the bill to the provider with a written explanation of the additional information which is required. If all information is provided, the Bill Payor will enter the proper insurance code in ASSISTS and complete bill paying procedures.

Benefit Coordinators will reconcile the insurance data base between AHCCCS and DES/DDD, resolve problems in TPL billing, verify accuracy of insurance company information and provide technical assistance to DES/DDD staff, providers and individuals/responsible persons as needed.

#### 1205 **Fee Schedule (RESERVED)**

#### 1206 **Client Share of Cost (RESERVED)**

## **1207 Client Billing**

Individuals residing in Group Homes will be billed for a portion of the Room and Board costs. This amount is typically 70% of the current SSI rate. Individuals receiving Home and Community Based Services may be required to pay for a portion of the cost of their care.

DES/DDD may waive or reduce billings for the following reasons:

- a. medical and dental expenses;
- b. certain living expenses; or
- c. extraordinary expenses.

When DES/DDD receives a request to waive or reduce billing (see Appendix 1200.B), the Support Coordinator will send the request, with supporting documentation, to the DPM/DPA, or designee, for review and approval. Requests must contain justification of financial need and must also include the length of time the reduction or waiver will be in effect. No waiver shall be issued for longer than one (1) year.

If the request is approved, the original copy of the form is forwarded to the Office of Accounts Receivable and Collections (Site Code 833C), a copy is placed in the individual's file and a copy is forwarded to the DPM/DPA for budget tracking purposes.